

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PENCIL ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH			
1. PLACE OF DEATH			
County	Pocahontas	State	ARIZONA
Township	Pearce	City	
Length of residence in city or town where death occurred		No. 55 Miles North of Douglas St.	
		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2. FULL NAME		John Williams Sanders	
(a) Residence		No. Turkey Creek Ranch	
		(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	Male	4. COLOR OR RACE	White
5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)	Married		
6a. If married, widowed, or divorced	HUSBAND of Effie Sanders		
6. DATE OF BIRTH (month, day, and year)	March 22nd 1866		
7. AGE	Years 66	Months 8	Days 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Rancher		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Himself		
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (state or country)	Des Moines Iowa		
13. NAME	W. H. Sanders		
14. BIRTHPLACE (city or town) (State or country)	Iowa		
15. MAIDEN NAME	Not Known		
16. BIRTHPLACE (city or town) (State or country)	Not Known		
17. INFORMANT (Address)	Effie Sanders Pearce, Arizona		
18. BURIAL, CREMATION, OR REMOVAL	Place Douglas Date 12-12, 1932		
19. UNDERTAKER (Address)	Douglas		
20. Filed	12/17, 1932		
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) Dec 14th, 1932			
22. I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1932, to Dec 11th, 1932, death is said to have occurred on the date stated above, at 3:00 A.M.			
The principal cause of death and related causes of importance were as follows:			
Star Pneumonia			
Other contributory causes of importance: None			
Name of operation None Date of			
What best confirmed diagnosis? None Was there an autopsy? No			
If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury			
Where did injury occur? (Specify city or town, county and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury			
Nature of injury			
21. Was disease or injury in any way related to occupation of deceased? No			
If so, specify			
(Signed) H. H. Bishop M. D.			
(Address) Bisbee, Ariz.			